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PTC/SB/97 (08-03)
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Serial No.: 09/836,637 Docket No.: PA000007

Art Unit: 2644

Examiner: Minsun Oh Harvey Notice of Appeal (2 Pages) Fee Transmittal Letter (2 Pages)

Petition for Extension of Time (2 Pages)

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PTO/SB/17 (10-03)
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| FEE TRANSMITTAL   | -   | Complete il Known |  |  |   |                  |  |
|   | Apr   | lication i        | Number   | 09/836,637   | 09/836,837  |                  |  |
| for FY 2004   |   | Filing Date       |  | April 17, 2001   |   |                  |  |
| Effective 10/01/2003. Patent fees are subject to annual revision.           |   |                   | Alberto Borgonovo                              |  |   |                  |  |
|   |   |                   | Examiner Name                                  |  | Minsun Oh Harvey  |                  |  |
| Art Unit  |   |                   |  | 2644   |   |                  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 1280   | Attorney Docket No.                                     |                   |  | PA000007   | PA000007  |                  |  |
| METHOD OF PAYMENT (check as that apply)                                     | 一   | _                 |  |  |   |                  |  |
| ☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None                                |   |                   | FEE OALCULATION (continued) 3. ADDITIONAL FEES |  |   |                  |  |
| ☑ Deposit Account:  |   | e_Entity          |  |  |   |                  |  |
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| Oeposit<br>Account 07-0932  | Code  | (\$)              | Code   | 1-7  | o Description   | Fee Paid         |  |
| Number  | 1061  | 130<br>50         |  | 65 Surcharge -<br>25 Surcharge -                                 | iste filing fee or oath                                 |                  |  |
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| Account THOMSON LICENSING INC.  | 1053  | 130<br>2,520      |  |  | specification   |                  |  |
| The Director is authorized to: (check all that apply)                       | 1804  | 820*              |  |  | equest for reexamination<br>publication of SIR prior to |                  |  |
| I SO CHAIDS 188(8) INDICATED BRIOW ISI CARAST SAN AND ASSESSMENT            | 1805  |                   | 1  | Examinerac   | tion  |                  |  |
| Charge (se(s) indicated below except (ex the filling the                    | 1003  | 1,840'            | 1805   | 1,840" Requesting p<br>Examiner act                              | publication of SIR after                                |                  |  |
| to the above-idemilied deposit account.                                     | 1251  | 110               |  | 55 Extension for   | reply within first month                                | $\vdash$         |  |
| FEE CALCULATION   | 1282  | 420               | 2252 2   | 210 Extension for month  | reply within second                                     | $\Box$           |  |
| 1. BASIC FILING FEE Legge Entity Smell Entity                               | 1253  | 950               |  | 76 Extension for   | reply within third month                                | 950              |  |
| Fee Fee Fee Fee Fee Description   | 1254  | 1,480             | 2254 7   | 40 Extension for month   | reply within fourth                                     |                  |  |
| Code (5) Code (5) Fee Paid  | 1266  | 2,010             | 2255 1   |  | reply within fifth month                                | <del></del>      |  |
| 1001 770 2001 385 Utility fling fee 1002 340 2002 170 Design tiling fee     | 1401  | 330               |  | 65 Notice of App   | aal   | 330              |  |
| 1003 530 2003 265 Plant filing tee  | 1402<br>1403  | 330<br>290        |  |  | n support of an appoal                                  |                  |  |
| 1004 770 2004 385 Release Ring lee  | 1451  | 1,510             |  |  | titule a public use                                     | $\vdash$         |  |
| 1005 160 2005 80 Provisional filling fee                                    | 1452  | 110               | •  | proceeding   |   |                  |  |
| SUBTOTAL (1) (5) 0  | 1453  | 1,330             | 2452 5:<br>2453 66                             |  | ive — unavoidable<br>ive — unintentional                | $\Box$           |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                                 | 1601  | 1,330             |  | 1 685 Utility issue fee (or reissue)                             |   |                  |  |
| Extra Fee from Fee  | 1502<br>1503  | 480               | 2502 24  | io Design issue f  | fes   |                  |  |
| Folal Claims 10 -20 ** = 0 × below Paid                                     | 1460  | 130               | 2503 22<br>1460 13                             |  | e<br>Commissioner                                       |                  |  |
| ndopendent 3  | 1807  | 50                | 1807 50  |  | e under 37 CFR 1,17 (q)                                 |                  |  |
| Auktiple  | 1606  | 180               | 1806 18  |  | Information Disclosure                                  |                  |  |
| Rependent X & 0   |   | - 1               |  | Recording eac  | h patent assignment                                     |                  |  |
| Large Entity Small Entity   | 8021  | 40                | 8021 40  | per property (ti   | mas number of   |                  |  |
| Fee Fee Fee Code (\$) Fee Description                                       | 1809  | 770               | 2809 38  | 5 Filling a submis   | sion after final rejection                              |                  |  |
| 1202 18 2202 9 Claims in excees of 20                                       | 1810  | 770               | 2810 38  | (37 CFM § 1.128(A))  |   | <u> —</u> П      |  |
| independent claims in excess of 3   |   | 1                 |  | For each additional invention to be examined (37 CFR § 1.129(b)) |   | [ ]              |  |
| 1204 B6 2204 43 "Reliable independent claims over                           | 1801  | 770               | 2801 36  | Request for Construed Examination (RCE)                          |   |                  |  |
| congress patent   | 1802  | 900               | 1802 90  | Request for expedited examination                                |   | <del></del> -  [ |  |
| over magniai patern   | d or a costign application                              |                   |  |  |   |                  |  |
| SUBTOTAL (2) (\$) 0   | Other fee (apecily)                                     |                   |  |  |   |                  |  |
|   | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) 1280 |                   |  |  |   |                  |  |
| (4) 1250  |   |                   |  |  |   |                  |  |
| SUBMITTED BY  | Complete (if applicable)                                |                   |  |  |   |                  |  |
| Name (Print/Type) Pairicia A. Verlangleri Registration No. (Attorney/Agent) | 42,201  |                   |  |  |   | <del></del> ]    |  |
| Signature atrices Is 14 14  | 1 74,201  |                   |  | Telephone  | (609) 734-6867  |                  |  |

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